The role of behavioural and cultural insights in the uptake of innovative (digital) tools and solutions

DEPARTMENT OF CARE

The role of BCI in the uptake of innovative (digital) tools and solutions

Moderated by Dr Carine Boonen (MD), former coordinator of the Flanders' Care Programme

In this session

1. Welcome
2. Presentations and panel: setting the scene
3. Audience engagement: statements
4. Group discussions
5. Session wrap-up

Welcome
by Carine Boonen

Setting the scene: introducing the panel

Workforce POV	**Bart Tirez,** Regional Manager Leuven at Familiehulp, Flanders, Belgium (= OK? Also for other slides)
Government POV	**Tara French**, Programme Lead Digital Inclusion, Digital Health and Care, Scottish Government, Scotland
Entrepreneur POV	**Jan Cox**, Product Manager at Viduet Health BV, The Netherlands
BCI POV	**Paulina Kuczynska**, Senior Behavioural Science Specialist, Public Health Wales, Wales

Experience from a workforce perspective

Bart Tirez
Regional Manager Leuven
Familiehulp, Flanders, Belgium

Experience from a Government perspective

Tara French
Programme Lead Digital Inclusion,
Digital Health and Care, Scottish Government, Scotland

Digital inclusion is our collective responsibility to ensure that everyone can benefit from being online.

Digital Health & Care Scotland

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Why is digital inclusion critical to health and social care?

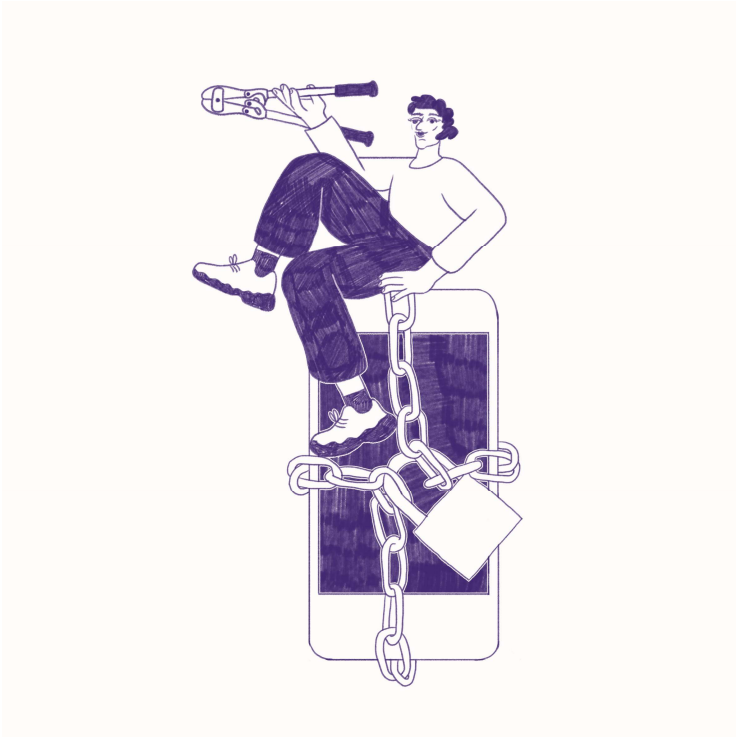


Image credit: Tessa Mackenzie

'Digital exclusion hinders progress towards a cultural shift in the use of digital technology.'

Evaluation lesson from Transforming Local Systems 2023

Enabling digital choice and accessible services

Addressing exclusion and inequalities

Person-centred outcomes and quality experiences of care

Digital Health & Care Scotland

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Pillars for Digital Inclusion

Slater and French (2023). From pillars to practice: Embedding a framework for digital inclusion in health and social care. [Digital Pillars Paper (tec.scot)]



As someone that's digitally excluded I need…

Motivation	to understand how being online is of benefit or of interest to me…
Device	a device that is suitable for my needs and enables me to do the things I want to do…
Connectivity	affordable and reliable connectivity…
Skills & Confidence	the skills and confidence to do things for myself…
Inclusive Design	platforms and digital services that I can easily access and navigate.

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Building capability for digital inclusion

To equip care/service providers with the tools and resources required to effectively embed digital inclusion in core service delivery.

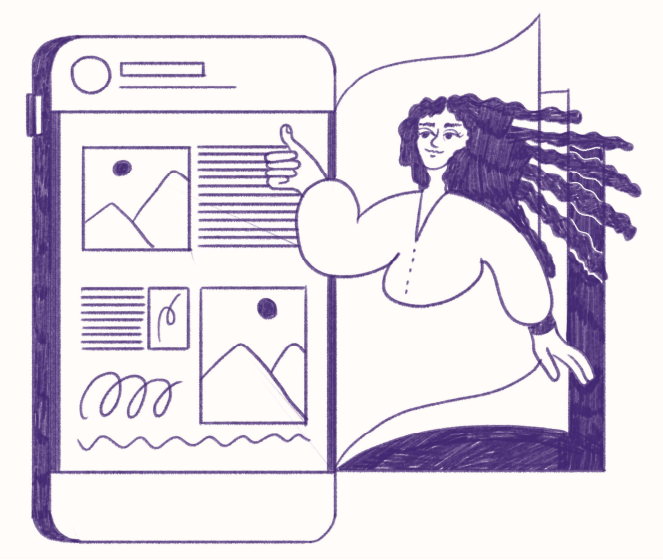


Image credit: Tessa Mackenzie

Co-producing a digital inclusion practice guide for digital health and care

Digital Champions training in mental health and housing

mhor collective

Digital Health & Care Scotland

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Image credit: Tessa Mackenzie (DHI Imagination Series)

Thank you

To keep up to date with, or get in touch about the programme:

https://tec.scot/programme-areas/digital-inclusion
nss.digitalinclusion@nhs.scot

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Experience from an entrepreneur's perspective

Jan Cox
Product Manager at Viduet Health
The Netherlands

Waiting games in healthcare

From a scientific and an entrepreneurial point of view

3 May 2024



Jan Cox
Product Manager at Viduet Health
The Netherlands

Viduet

Outline of this presentation

- Scaling up digital healthcare innovations
- What are waiting games?
- Factors causing waiting games
- Practical example of a waiting game: SmartCOPD
- BCI use case: SmartCOPD
- Recommendations

Stagnation of promising healthcare innovations?



Ageing population



Increase in chronic diseases and comorbidities



Increasing demand for healthcare providers



Reactive nature of the current healthcare system

- High need for innovation
- A lot of promising (digital) healthcare innovations
- But why do so little of these innovations scale successfully on the long term?

SmartCOPD effectiveness result of BCI

Viduet

SmartCOPD

69% less lung attacks
78% less readmission days

Prof. B.J. Fogg (Stanford):

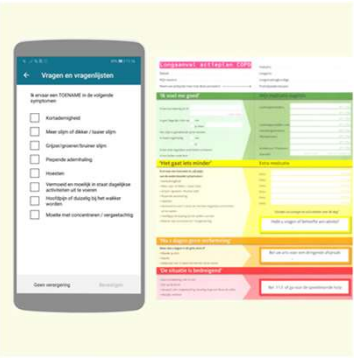
What causes behaviour?

- **Motivation**
- **Ability**
- **Call to action**

Developed in co-creation with patients

- **Motivation:**
  - Personalised coaching
  - Supported by family
  - Low burden to use
- **Ability:**
  - 1 simple question each day
  - Coaching via smartwatch is intuitive
  - 4 phases in lung attack action plan are easy to understand
- **Call to action:**
  - Smartwatch vibrates when activity level is beyond personal bandwidth
  - Reminder to answer daily question
  - Direct pop-up after answering question





SmartCOPD

A practical example





Viduet

2016	2017	April 2018	March 2020	2022	2024
1st pilot started	**Results: 30% decrease in lung attacks**	**Start of 2nd pilot**	**Decrease in readmission days of 78%**	**SmartCOPD won multiple prices**	**Still the most effective solution**
Pilot with 10 patients	Healthcare insurers: *"Promising results, but these can be explained by chance"*.	Pilot with 30 patients that all had at least 2 readmissions in the year prior to the pilot.	Lung attacks were reduced with 69% and readmissions with 78%, but pilot hospital does not want to proceed with the solution.	In this phase we won multiple prices with different pilots, but no transition to regular care due to problems with the distribution of financial gains.	Healthcare insurers: *"You should do a new pilot"*

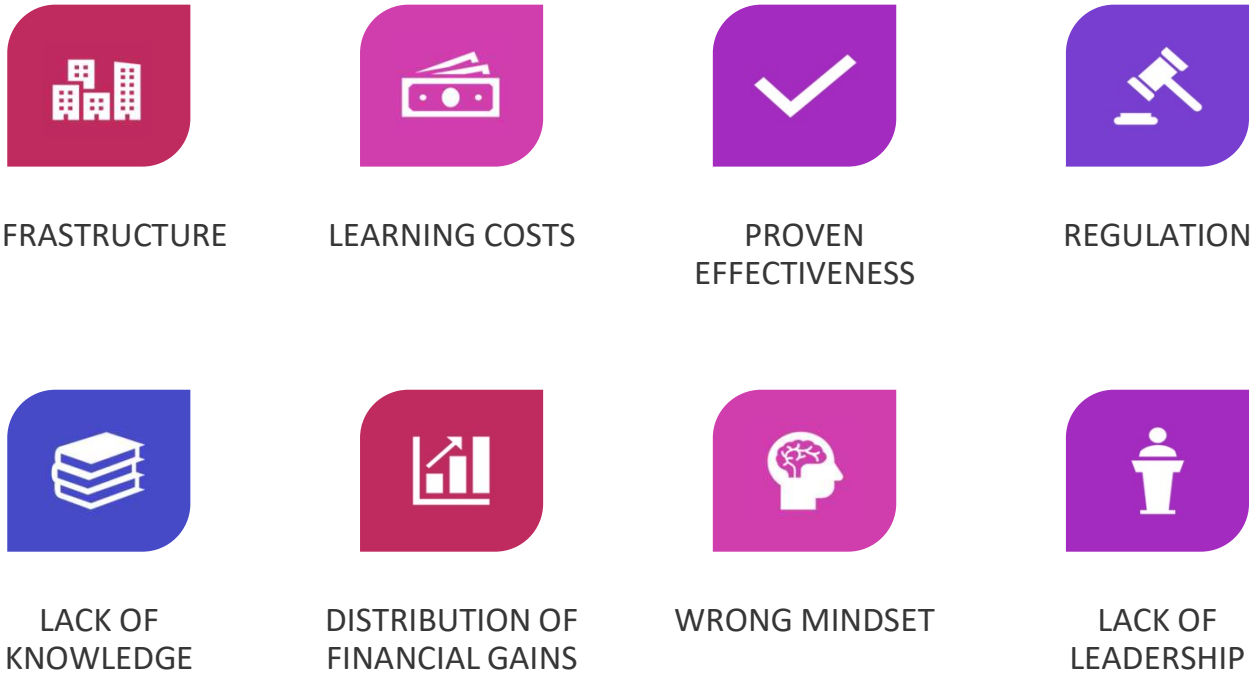
Utrecht University

Waiting games

- **Situations in which nobody wants to take responsibility for the investment and all actors wait for each other to make an important move (Robinson et al., 2012)**
- **Self-reinforcing mechanisms that can lead to situations of innovation stagnation or stalemate (D'Silva et al., 2012).**



Factors causing waiting games in healthcare



Cox, J. (2020). Waiting games in healthcare

Our strategy: BCI to motivate workforce

- **Focus on saving healthcare professionals time**
- **Provide one platform for all chronic diseases (40 care paths if wanted)**
- **Integrate with local EHR systems**
- **Focus on regions that apply a value-based healthcare policy**

Viduet

Recommendations for policy:

How to overcome waiting games with BCI?

- Stimulate collective actions
- Start at an early stage in the innovation process
- Focus on inhibiting the influence of the eight factors that could cause waiting games in healthcare

Last but not least: I believe a mission-oriented innovation system approach (Hekkert et al., 2020) has the potential to overcome waiting games in healthcare.

Thank you for your attention

Questions?

email: janc@viduet.eu

website: www.viduet.eu

The BCI perspective

Paulina Kuczynska
Senior Behavioural Science Specialist,
Public Health Wales, Wales

Add slides Paulina here

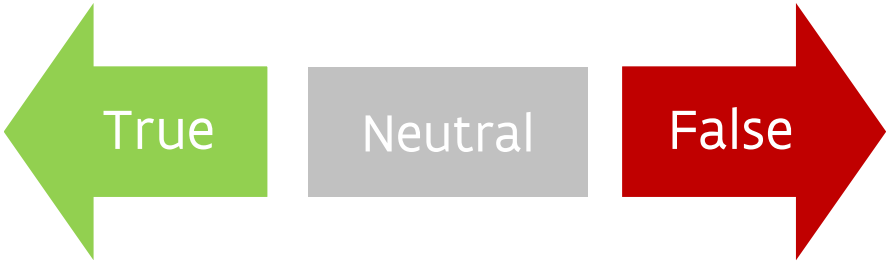
- If you want to use some slides, you/we can put them here

Presentation by Paulina Kuczynska - Senior Behavioural Science Specialist, Public Health Wales, Wales

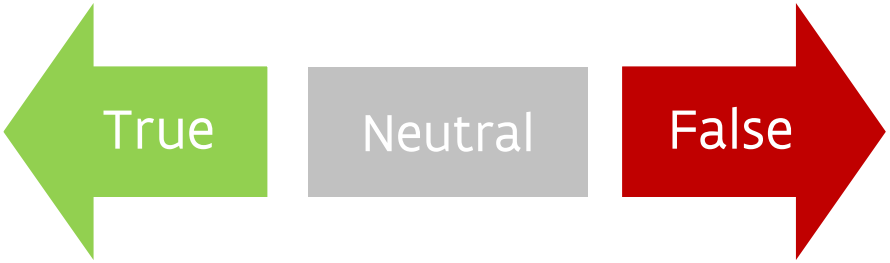
Statements

How will it work?

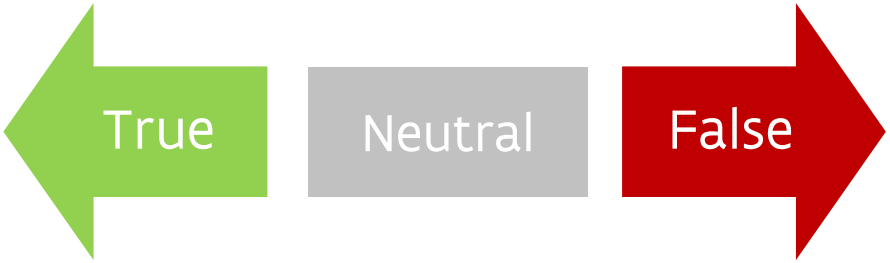
1. **We will present you with a statement**
2. **You may walk to the side of the room according to how you feel**



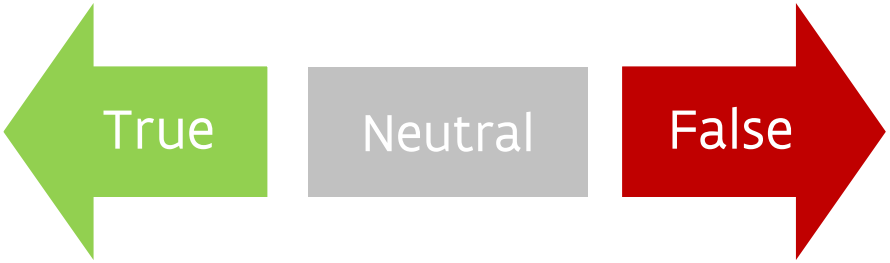
The system and workforce is mature/ready to actively use BCI and meet the demands in using digital innovations.



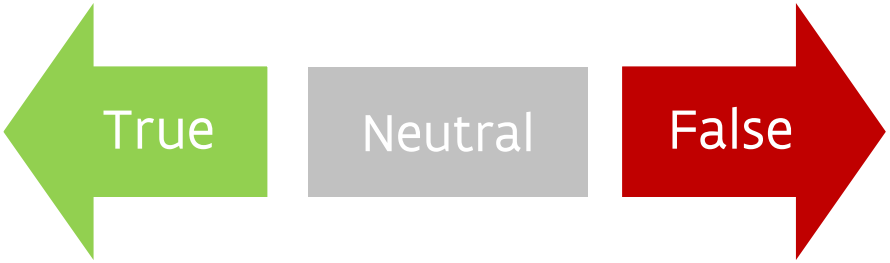
To facilitate uptake of innovation, we should focus on BCI (instead of focusing on lack of finance, complex regulations, ...).



Co-creation with the stakeholders is key to success. The initiative has to be led by the government.



Taking a consumer led approach works best as a lever for change.



Group discussions

30 mins

1. How can BCI be used to map, understand and meet the needs of the H&CWF, capturing their diversity and complexity?
2. How to adapt (digital) tools and solutions to be used in diverse health and care delivery settings?
3. How can BCI be used to foster digital inclusion? How can it contribute to achieve equity in the digital health and care sphere?
4. What are the challenges to the active use of the BCI approach? How can we overcome these?

Group discussions

30 mins

Choose a table that starts with the question you like.

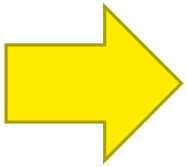
Engage in conversation.

The table moderator will facilitate you.

After discussing the main question, your table can **choose a different question** to discuss.

Write down your ideas.

When timer is over, there will be a **short round of feedback**



When the arrow reaches here: time's up!

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Session wrap-up

Short recap per table of main findings/discussion points